Tlease type a plus sign (+) llisige this box (is box $\rightarrow +$	lease type a plus sign (+) inside this box
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			Attorney Docket Nu	mber	67,036-036	
	ON F	OR UTILITY OR	First Named Invento	or	Suttie, Peter J.	
		PLICATION	COMPL	ETE IF	KNOWN	
		R 1.63)	Application Number		Herewith	
			Filing Date	Here	with	
Declaration Submitted	OR	☐ Declaration Submitted after Initial	Group Art Unit			
with Initial Filing		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name			

As a belo	w named inventor, I he	ereby declare that:				
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
NO BRE	NO BREAK ELECTRIC POWER TRANSFER SYSTEM					
the enesis	ination of which	(7	Title of the Invention)			
`	ication of which ached hereto		,			
OR	iled on (MM/DD/YYYY)		as United S	States Application	Number or PCT International	
	n Number		amended on (MM/DD/Y)	m) [(if applicable).	
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.					
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.						
	reign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
				0000		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.						
Ap	plication Number(s)	Filing Dat	e (MM/DD/YYYY)	numbers supplem	al provisional application are listed on a ental priority data sheet /02B attached hereto.	

[Page 1 of 2]
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DECLARATION — Utility or Design Patent Application

Threctal correspondence to: Text	Customer Number or Bar Code Label	26096		OR (Correspondence address below
David J. Gaskey					
Address 400 W. Maple Road					
Suite 350					
Birmingham			State	Michigan	ZIP 48009
United States	Telepho	(248) ne	988-8	360	(248) 988-8363 Fax
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INV	ENTOR:		A petiti	on has been fil	ed for this unsigned inventor
Given Name Peter J. (first and middle [if any])			Family or Surn	Name SUTTIE	
Inventor's Signature					Date 7 16 03
Residence: City San Diego		State CA		U.S.	U.S.
Mailing Address 11095 Red Robin P	lace				
Mailing Address					
City San Diego	CA State		ZIP 92	2126	U.S.
NAME OF SECOND INVENTOR	:		A petit	ion has been fil	ed for this unsigned inventor
Given Name (first and middle [if any])			Family or Surn		
Inventor's Signature					Date
Residence: City		State		Country	Citizenship
Mailing Address			-		
Mailing Address			61	108-6627	
City Additional inventors are being named	State on thesupplem	ental Additio	ziP nal Inven	tor(s) sheet(s) PT0	Country O/SB/02A attached hereto.

PTO/SB/02C (3-97)

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DECLARATION

REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Stephen G. Mican Eugene V. Feldman Richard H. Kosakowski Gregory R. Stephenson Theodore W. Olds John E. Carlson David J. Gaskey Kerrie A. Laba William S. Gottschalk David L. Wisz Karin H. Butchko John M. Siragusa Anthony P. Cho Anna M. Shih		Name	Registration Number

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